

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 26 1937

787

1. PLACE OF DEATH

County De Kalb
Township Camden
City Amity, Mo.

Registration District No. 259
Primary Registration District No. 4156

File No.
Registered No.
St. Ward)

2. FULL NAME Adam Thompson
Amity, Mo.

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Belle Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24, 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 10 999

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lancaster
(STATE OR COUNTRY) England.

13. NAME Wm. Thompson

14. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Ellershaw

16. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

17. INFORMANT Dr. G. D. Johnson
(ADDRESS) Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Amity Cem.
PLACE DATE 1-6-37

19. UNDERTAKER U/G. Pilcher
(ADDRESS) Maysville, Mo.

20. FILED 2-1 19 37 Ethel H. Bourne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4th 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 15 1936 to Jan. 4 1937
I last saw him alive on Jan. 4 1937 Death is said to have occurred on the date stated above, at 10:38 P. m.

The principal cause of death and related causes of importance were as follows:
Coronary occlusion Jan. 15 1936
Cardio-nephritis 10-20 yrs.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Benjamin Thompson M. D.
(Address) Maysville, Mo.

